



**State of Tennessee
Department of Commerce and Insurance
Scrap Metal Dealer Registration Program
500 James Robertson Parkway
Nashville, TN 37243
(615) 741-1741 FAX 615-253-1179
www.tn.gov/commerce/boards/scrap/index.html**

REGISTRATION REPLACEMENT OR CHANGE OF ADDRESS/NAME

INSTRUCTIONS

DO NOT RETURN THIS PAGE. KEEP IT FOR YOUR RECORDS. RETURN THE APPLICATION AND FEE ONLY.

1. This form must be typed or legibly written in ink. Each question must be answered completely. Replacement certificates will only be issued when the original certificate has been lost, stolen or damaged.
2. All registrations, including those evidenced by replacement certificates of registration, or changes of address replacement registrations, shall expire two (2) years from the date of the original issuance of the registration by the Department of Commerce and Insurance. Each request for a replacement certificate of registration or change of address/name shall be accompanied by a nonrefundable fee of \$10.
3. The scrap metal dealer registration and any certificate, replacement certificate due to address/name change or replacement certificate issued thereto, of a person, including any business entity, convicted of a violation of any provision of Title 62, Chapter 9, Tennessee Code Annotated, or the criminal offense of theft, burglary or vandalism if such offense involved scrap metal shall be immediately revoked by operation of law upon such conviction.



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REQUEST FOR REPLACEMENT OF REGISTRATION OR CHANGE OF ADDRESS/NAME

Check one:

_____ Replacement of Certificate Due to Lost, Stolen or Damaged Certificate

_____ Change of Address

_____ Change of Name

Fee Included: \$10.00 (Make check or money order payable to the Tennessee Department of Commerce and Insurance)

Original Certificate Number: _____

Date: _____

Scrap Metal Dealer's Name: _____
(May be a business or natural person)

Street Address of Business Location: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email address (optional): _____

I, the undersigned, declare under penalties of perjury that I am legally authorized to make this request and that the information contained in this request is true, accurate and complete to the best of my knowledge, information and belief and, if this request is for a replacement certificate of registration or change of address/name, that the scrap metal dealer to which this request pertains has not been convicted of a violation of Title 62, Chapter 9, Tennessee Code Annotated, or the criminal offense of theft, burglary or vandalism where such offense involved scrap metal within five (5) years of the date of registration of such scrap metal dealer and that such registration has not been revoked by operation of law.

Print Name of Registrant or Duly Authorized Agent

Signature

Date